

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18163

State File No.

FILED JUN 23 1955

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 5392		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Watkins Twsp.		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Watkins Twsp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2				e. STREET ADDRESS (If rural, give location) Approx 9 mi N Salem on Hwy 72			
3. NAME OF DECEASED (Type or Print) FLORA		a. (First)		b. (Middle)		c. (Last) SHIPLEY	
4. DATE OF DEATH June 10 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 3, 1886		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Unknown	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown Weber		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clyde Shipley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Shipley, Rte 2, Salem, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 3:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Marshall C. Blackwell, Coroner		(Degree or title)		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 6/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/55		24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Missouri	
DATE REC'D BY LOCAL REG. 6-11-55		REGISTRAR'S SIGNATURE R.E. Mitchell, MD by M.E. Blackwell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Worrel Salem, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Max L. Wayne

Licensed Embalmer No. 412

P. O. Address Salem, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.